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CONFIRMATION NO. 8921

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|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/542,322   | <b>FILING OR 371(c) DATE</b><br>07/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>530              | <b>GROUP ART UNIT</b><br>1653   | <b>ATTORNEY DOCKET NO.</b><br>3151 USOP |                                |
| <b>APPLICANTS</b><br>Ryuichi Tozawa, Osaka-shi, JAPAN;<br>Tomoyuki Nishimoto, Osaka-shi, JAPAN;  |   |                                  |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/00234 01/15/2004  |   |                                  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-010125 01/17/2003<br>JAPAN 2003-093591 03/31/2003   |   |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>19               | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>23115  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Skeletal muscle protecting agent   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1500   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |